

| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)   |  | Docket No. (Optional)<br>M4065.0139/P139-A |                         |   |           |   |    |   |    |  |    |  |    |
|--|--|--|-------------------------|---|-----------|---|----|---|----|--|----|--|----|
|  | In re Application of Cem Basceri   |  |                         |   |           |   |    |   |    |  |    |  |    |
|  | Application Number<br>09/633,132   |  | Filed<br>August 4, 2000 |   |           |   |    |   |    |  |    |  |    |
|  | For: METHOD FOR IMPROVING THE SIDEWALL STOICHIOMETRY OF THIN FILM CAPACITORS |  |                         |   |           |   |    |   |    |  |    |  |    |
|  | Group Art Unit<br>2815   | Examiner<br>E. Lee                         |                         |   |           |   |    |   |    |  |    |  |    |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ 110.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1073</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.<br/><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br/><input checked="" type="checkbox"/> attorney or agent of record.<br/><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).<br/>Registration number if acting under 37 CFR 1.34(a)</p> <p>February 11, 2002<br/>Date</p> <p><br/>Signature</p> <p>Thomas J. D'Amico<br/>Typed or Printed Name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> <p><input type="checkbox"/> 1 forms are submitted.</p> |  |  |                         | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ 110.00 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$ 110.00  |  |                         |   |           |   |    |   |    |  |    |  |    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$   |  |                         |   |           |   |    |   |    |  |    |  |    |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$   |  |                         |   |           |   |    |   |    |  |    |  |    |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$   |  |                         |   |           |   |    |   |    |  |    |  |    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$   |  |                         |   |           |   |    |   |    |  |    |  |    |

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